

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**  
**SYSTEM LEADERSHIP TEAM (SLT) MEETING**  
 Wednesday, June 15, 2015 from 9:30 AM to 12:30 PM  
 St. Anne’s Auditorium, 155 N. Occidental Blvd., Los Angeles, CA 90026

**REASONS FOR MEETING**

1. Provide an update from the perspective of the Director of the Department of Mental Health.
2. Follow up on key items pertaining to MHSA Innovations 1: Evaluation Rubric Results; Fiscal Year (FY) 2015-16 Services, and CSS Systems Development Work Plan.
3. Inform the SLT on MHSA Three-Year Program and Expenditure Plan (3YPE Plan), FY 2015-16.
4. Present a summary of the MHSA Annual Update, FY 2015-16.

**MEETING NOTES**

<b>Presentations</b>	<p>15 Year Service Award given to Kara Taguchi for her work in the MHSA Implementation and Outcomes Division with the Department of Mental Health.</p> <p>Farewell to Rigo Rodriguez as the SLT facilitator with comments from SLT members and staff.</p>
<b>Department of Mental Health - Update</b>	<p><b>Dr. Robin Kay, Acting Director, County of Los Angeles, Department of Mental Health</b></p> <p>Update on goals following Dr. Southard's retirement that have been accomplished:</p> <ol style="list-style-type: none"> <li>1) Re-imagine DMH as a department without walls, much of services are provided outside of DMH in partnership with DCFS, law enforcement, and primary care facilities, in people’s homes, schools, etc.</li> <li>2) Work with non-traditional partners to extend reach of mental health i.e. faith based has been expanded, mental health first aid trainings, etc.</li> <li>3) Improving access to care, new access policy and standards in line with state and federal guidelines. Moving toward benchmark of getting those in need of services in 0-5 days</li> <li>4) Change aspects of contracts easier for service providers, shift allowed in September that make it easier and align them with how services are provided during fiscal year, trying to bust the buckets and simplify the projects.</li> </ol> <p>Next year’s challenges are external to DMH, as we gear up for the next 3 year plan these challenges will shape those discussions.</p> <p><b><u>Whole Person Care</u></b>          Agreement among Feds and state is to serve those with highest levels of need. DHS leading this effort, part of a number of subgroups that are developing proposals for different subgroups (serious mental issues, youth who need high level of coordinated care, individuals with IMDs, those with chronic medical conditions, etc.). Working to get the proposal from Dr. Kay, Dr. Shaner, Wendi Tovey and Carlotta Childs Seagle into the package that will be submitted to the state, involves identifying people that have many psychiatric emergency or inpatient admissions during the course of a 12 month period we are not getting connect to outside</p>

**Department of Mental Health - Update (Continuation)**

services. There would be outreach to the hospitals, identify high utilizers (in and among hospitals) and patterns of using hospitals in lieu of using outpatient services then implement evidence based practice for care transitions from inpatient to the community including use of peers to support those transitions. Then develop more comprehensive, integrated program for people once they are in the community building off a number of similar previous efforts. Steering committee with Dr. Schaner meet on Friday to decide which proposals will be part of the LA County package.

**Certified Community Behavioral Health Centers**

Federal program, requested proposals from states. 8 states will be chosen. State has to identify one urban and one rural county to take part. 2 parts - service delivery and programs delivered without walls and a focus on developing sites available 24/7 for emergency services for all age groups without regard to payer source. Other challenge is it will be DMH's first foray into payment reform, a big unknown. State consultants are providing DMH and its contractors with technical assistance. Initial letter of interest submitted for those under contract not all service providers.

**Continuum of Care Reform**

January 1, 2017 implementation deadline - Service delivery for children in foster homes and group homes. Children are meant to be moved out of group homes within 6 months to community foster family homes. More emphasis on home based services. Group homes and DMH to work to ensure any child coming in has access to services.

No Place Like Home is moving forward will fund capital development, more housing programs. Will not pay for service delivery, counties to make commitments for 20 years for people going into these developments.

Other issues include homelessness, jail diversion, child welfare, peer certification and other issues we have continued to work on.

**Discussion, Q&A**

- Whole Person Care and committees do not yet involve families and clients but that is being worked on now.
- SLT to get updates from DHS on subcommittees.
- Level 12 group homes can become short term residential treatment programs, other programs going through different transitions.
- In dealing with foster care system they continue to make changes but not get input from the community or update the community regarding disproportionality of African American and Latino children being detained. For some reason some RAs are cutting off family preservation services and forcing them to shut down cases in 6 months but this does not make sense for high need communities.
  - Response from Dr. Kay - The philosophy behind it is more aligned with community based services, kinship care with the idea children shouldn't be in institutional settings. There is a lot of concern about developing enough families.
- Crisis services 24/7 include undocumented individuals.
- Continuum of care reform is specifically for those that cannot be reunified with their children. The issue is who is making the decision; we need to hold DCFS to pushing for reunification. In the coming year the core practice model in DCFS on bringing together child welfare teams to change the way the family functions. Driver of this process have been DCFS and

<p><b>Department of Mental Health - Update (Continuation)</b></p>	<p>probation.</p> <ul style="list-style-type: none"> <li>• Innovation 2 prepares DMH for a focus on the other initiatives.</li> <li>• Suggestion in Continuum of Care to track foster care youth, have families provide support with this data. DMH is looking further at outcomes like success in school.</li> <li>• Local control flex funding includes foster children.</li> </ul>
<p><b>State Legislative and Budget Items</b></p>	<p><b>Susan Rajlal, Legislative Analyst, County of Los Angeles, Department of Mental Health</b></p> <p><b><u>No Place Like Home</u></b>  DMH has worked hard to make sure No Place Like Home is supported on the back end with support. Changes included it is a competitive process with LA as its own region and the largest pot of the monies will be allocated based on the percentage of homeless. There was going to be an assigned advisory group but they want more public and consumer input, one will be included in the panel now. A work group will be assigned to help make this work for the counties.</p> <p><b><u>SB 614 - Peer Certification</u></b>  Department of Health Care Services have cut out most of what was substantive, our conclusion was to withdrawal now with their partners. Will try again in two years and will include substance abuse. A national certification program is proceeding despite SB 614.</p> <p><b><u>AB 1300 - Related to holds in non-designated hospitals</u></b>  Concern around the bill language being silent on qualifications, training required, physical facilities and silent on patient rights issues given involuntary care issues. Those amendments have not made their way onto the bill. Sebastian Ridley Thomas toured Harbor UCLA and talked about ways to defer patients from hospitals and the psychiatric emergency services to show him physical plant and problems at the staff level. Hearing has been pulled given all of the push back.</p> <p><b><u>HR 2646 - Federal bill for helping families in mental health crisis</u></b>  Last time the bills were amended it was hard to take a position on each so DMH developed what they supported. This bill does not have the things DMH would support for varying reasons. We will want to lift up the peer training piece of this bill.</p> <p style="text-align: center;"><b>Discussion, Q&amp;A</b></p> <ul style="list-style-type: none"> <li>• In the housing bill there is an advisory group from senate or governor appointments. DMH will push for additional community and LA based individuals.</li> <li>• Contractors can be submitted with development partners. Contact Dr. Maria Funk for more questions on housing and No Place Like Home submissions.</li> <li>• HR 2646 there is no possibility to endorse, so that is why DMH identified core things they can get behind. Susan will provide this to the SLT for sharing with their constituents.</li> <li>• Mental Health America came out in support of both the house and congress bills, recommend DMH help push for them to be pushed onto the floor and into conference committees.</li> </ul>

<p><b>State Legislative and Budget Items (Continuation)</b></p>	<p><b>Public Comment</b></p> <ul style="list-style-type: none"> <li>• Mark - Called legislators to oppose HR 2646, we need to organize and demonstrate for state and local legislators. Could we have the details shared with the group regarding what happened to SB 614?             <ul style="list-style-type: none"> <li>○ Response from Susan - There is a great need to educate the legislators as well as Health Care Services on why this is important.</li> </ul> </li> <li>• Hector Ramirez – Some worry that we may want to wait and not take action on peer certification. We should support the bill and support positive amendments.             <ul style="list-style-type: none"> <li>○ Response from Susan - DMH has met with them so many times, finally at the point where they are saying this is last best offer and DMH is going to oppose. Appropriate language has been suggested several times.</li> </ul> </li> <li>• Maribel Chavez - Regarding housing there needs to be specific language regarding children 0 -5 and older. When parents are put in housing they can be kicked out with the children's mental housing.</li> <li>• Jim the Hat - Idea from the independent consumer voice, advisory committee meeting on June 18.</li> <li>• Rose with LA Client Coalition - When one door closes another opens. Do we feel this way with the concerns?             <ul style="list-style-type: none"> <li>○ Response from Susan - The window opening can be the drug Medicaid rollout and use of substance use peers in addition to mental health peers.</li> </ul> </li> </ul>
<p><b>MHSA 3 Year Plan and Annual Update</b></p>	<p><b>Debbie Innes-Gomberg Ph.D., Mental Health Clinical Program Manager III, MHSA Implementation and Outcomes Division, County of Los Angeles, Department of Mental Health</b></p> <p>The Little Hoover Commission has been looking at the effectiveness of MHSA and if state agencies administering it are doing what they should be. Though all counties collect and report FSP outcomes and many counties collect and report other program outcomes, there was not an approach to statewide evaluation. This paved the way for the CBHDA MOQA project for every county to enter outcomes and tell a statewide story (see CBHDA report, Outcome Measures Application newsletter and Analysis of Statewide FSP Outcome Data for further details). Will start capturing well-being outcomes next year to help measure impact among PEI and CSS-Systems Development programs across the state. The latest Little Hoover Commission hearing went much better and conveyed the breadth of MHSA services across counties as well as the importance of local planning efforts. The Little Hoover Commission is coming to LA County to tour several MHSA programs within the next month.</p> <p>Innovation 2 RFS and narrative have been written and is being reviewed by DMH contracts division. The Evaluation RFS will be submitted to Contracts in a week or two. RFS hopefully issued later this year with services starting in early 2017. This will allow for more providers to get on the master agreement list.</p> <p>MHSA 3 Year Plan - In August the planning will begin for the MHSA 3 Year Program and Expenditure Plan for Fiscal Years 2017-18, 18-19 and 19-20. CSS work plan consolidation, PEI programs and service package changes and ensuring appropriate funding and supports for No Place Like Home will be addressed through the 3 Year Plan. Contract changes need to be done by July 1 2017.</p>

<p><b>MHSA 3 Year Plan and Annual Update (Continuation)</b></p>	<p style="text-align: center;"><b>Discussion, Q&amp;A</b></p> <ul style="list-style-type: none"> <li>• Housing for the homeless issue - Is this burden being shifted to the MHSA funding? County supervisors should pay up for this on their end.             <ul style="list-style-type: none"> <li>○ Response - Debbie noted there are limitations to the use of MHSA funds.</li> </ul> </li> <li>• There needs to be more legislator education on mental health and events to connect them with community members and local organization.</li> <li>• Statewide vs. LA County FSP outcomes: There are several places where LA County are doing better or worse compared to the state.             <ul style="list-style-type: none"> <li>○ Response from Debbie - We can provide an update on the findings of why there are differences.</li> </ul> </li> <li>• \$150 million homeless allocation. Half a cent Millionaire tax increase. What are these about?             <ul style="list-style-type: none"> <li>○ Response from Debbie - Millionaire tax not getting traction. The county is going to lay out all the initiatives and efforts to see where they overlay.</li> </ul> </li> <li>• AB 2017-College mental health services will be matched for colleges to hire mental health providers if the legislation passes.</li> <li>• Can we do quality improvement and assurance in Full Service Partnerships? I'd like to see 50% of goals met in all of the age groups.</li> <li>• There has been a major error in LA County and DMH not creating a learning community among the providers. Is the department aware of UCLA's Enrique Castillo Emotional Wellbeing Program and research? INN programs are talking about 5 year runs; this should happen for any of the programs asking to do so.             <ul style="list-style-type: none"> <li>○ Response from Debbie - We should continue to use the data we already have to improve the programs and efforts. Currently INN 2 is a 4 year project. Would have to seek SLT and MHSOAC approval to extend to 5 years.</li> </ul> </li> </ul>
<p><b>Public Comment and Announcements</b></p>	<p>Public comment</p> <ol style="list-style-type: none"> <li>1. Red Circle Project is having its 6th Annual Celebrating Life and Creation Pow Wow on June 18th in commemoration of Native American HIV awareness day.</li> <li>2. Regarding housing implementation please provide more detail, especially on the children.</li> <li>3. Healing Voices under national empowerment center wants to come out and present a video to the SLT. Alternatives conference in San Diego has scholarships available.</li> </ol> <p>No July SLT meeting.</p>